

## **LTCS BEST PRACTICE CATALOG SUBMISSION**

**Project Title:** Treatment Program for the Deaf "Sounds of Silence"

**Function Category:**

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**PATIENT-FOCUSED**

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**ORGANIZATION**

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**STRUCTURES**

**Sub-category(s):** (C) Care of Patients & (D) Education

**Heading:** (C5) Programming & (D1) Patients

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**Hospital:** Patton State Hospital

**The following items are available regarding this Best Practice:**

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**Photographs**

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**Video Tape**

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**Drawings**

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**Manual**

**1. SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The California Department of Mental Health designated Patton State Hospital as the inpatient mental health facility for treatment of forensic patients statewide. In order to effectively serve the needs of this expanding population, a specialized unit and treatment program which addresses the needs of the deaf and hard of hearing patients was developed.

The Executive Director of Patton State Hospital, Mr. William Summers, appointed a cross-functional/interdisciplinary committee to design this program. The committee consulted with experts in the deaf community throughout the State of California to ensure adequate provisions of specialized mental health services are provided to deaf and hard of hearing patients.

**2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

The goal of the Deaf Program is consistent with the hospital's mission and goals for quality improvement as outlined in the hospital's strategic plan. Patton State Hospital has a longstanding history of providing innovative mental health services to mentally ill patients in a forensic setting. Recognizing that the deaf and hard of hearing patients have unique clinical and distinctive cultural and linguistic needs, the Hospital has committed to provide quality mental health services to this population. More specifically, the Program goal for the Deaf Program is to improve the efficacy of the treatment provided to the deaf and hard of hearing patients through the provision of services to meet their special needs in a safe/secure environment. To ensure deaf patients are afforded opportunities and equal access to services that are available to hearing patients within a forensic mental health setting at Patton State Hospital and to

increase awareness, understanding, and sensitivity to the deaf and hard of hearing patients in order to allow for more receptability to treatment.

During the year proceeding, the implementation of the Deaf Unit, a total of ten (10) profoundly deaf patients of various legal commitments were admitted to Patton State Hospital from the jails and other state hospitals. Prior to July 1998 there were only two (2) profoundly deaf patients at Patton, both of which had functional speech and no proficiency in American Sign Language. Due to the expansion in the population of deaf and hard of hearing patients, there was a noticeable increase in the demand for appropriate linguistic and culturally competent services. In an effort to avoid expensive, long-term placement in the state hospital, early intervention of appropriate and efficacious services to the deaf and hard of hearing patients was essential. The performance during the short tenure of this particular program has proven to be effective. The Program has expanded to approximately 14 forensic patients of various legal commitments. The patients have been able to assimilate in a deaf culture environment, learn American Sign Language, and are able to address their mental health treatment needs. The majority of staff members have become proficient in sign language by attending American Sign Language classes, which are held ongoing at Patton State Hospital. Interpreters are provided on a daily basis to help facilitate communication. The Hospital has increased the services provided to this population and have provided appropriate equipment/devices to address the unique and individualized treatment needs of the deaf and hard of hearing patients.

### **3. ANALYSIS (Describe how the problem was analyzed.):**

The problem of the deaf and hard of hearing patients was analyzed by the committee utilizing reports received by the interdisciplinary team on the unit at Patton where the acute deaf patients were originally placed. In addition to gathering information from the treatment team, members of the committee reviewed the legal requirements as outlined in the Americans with Disabilities Act (ADA) and consulted with other facilities, i.e., The Riverside School for the Deaf and The Center on Deafness in the Inland Empire (CODIE), and other facilities who were providing services to deaf and hard of hearing patients.

Based upon the information gathered, it became increasingly evident that a program for the deaf and hard of hearing patients needed to be instituted and specialized equipment/services were required in order to effectively meet the clinical needs of each patient.

The committee completed a thorough analysis of the needs of the deaf and hard of hearing patients by thoroughly reviewing the services that were being provided to this population and seeking ways to expand and improve the quality of care and services provided. There were several barriers or problems identified which included 1) problems with communication; staff and patients did not have proficiency in ASL making it difficult to facilitate communication; 2) it was difficult to implement treatment as there was a lack of understanding and awareness of the unique linguistic and cultural needs of this population; 3) the majority of the patients who were assessed had very low intellectual functioning (some with developmental issues) which made it difficult to develop groups or adequate treatment to effectively address their legal issues; 4) legal requirement under the American with Disabilities Act (ACT) were not fully understood; and 5) the committee identified that initially there were inadequate resources including equipment/training and interpreters to effectively meet the needs of the deaf patients.

The newly established program for deaf and hard of hearing patients was therefore designed to provide a comprehensive range of clinical and special services and supports. This provision of services and support is in accordance with the Americans with Disabilities Act (ACT) which has recognized the deaf community as a separate entity and population. The services are also being provided in accordance with the hospital's mission, which is to provide state of the art mental health care and treatment to forensic and civilly committed patients in a structured, secure environment. The clinical and special needs of the deaf

and hard of hearing patients were thoroughly analyzed and the needs included: 1) certified interpreters who can interpret accurately, effectively, and impartially; both receptively and expressively in American Sign Language; 2) American Sign Language proficient staff who can sign at a proficient level and ensure the patients' needs are met; 3) telecommunication devices (TDD). These devices include a TTY pay phone, a California relay service number for the social worker/staff phones, in line amplifiers for hard of hearing patients and telescopes; 4) modification of auditory fire alarm (with strobe lights) to enhance safety on the unit; 5) ASL assignment and instruction; 6) adequate glare-free lighting; 7) identification badges (for intercompound grounds privileges) 8) closed-captioned, large-screen television; 9) peep holes/portholes on each door; 10) educational assessment; 11) vocational training; and 12) assistive listening devices, etc.

#### **4. IMPLEMENTATION** (Describe your implementation of the solution.):

The Deaf and Hard of Hearing Program was successfully implemented in July 1999 upon approval of the Executive Staff of Patton State Hospital. The Admission Program Management Team was chartered with the task of implementing the Program, which involved the following:

- The deaf patients throughout the hospital were subsequently placed on the Deaf Unit, which is located on Unit EB-12.
- The staff movements were scheduled immediately to provide more ASL competent staff to the new Deaf Unit. These staff members previously expressed interest in working with the deaf patients and were enrolled in Basic and Intermediate Sign Language classes at Patton.
- Plans for enhancement of the fire alarm system to accommodate strobe lights were submitted to the State Fire Marshall who completed an inspection in June 1999. The plans were approved, and the renovation of the fire alarm system was added to the capital outlay renovation plan for the EB Building. Interim fire alarm arrangements were made pending completion of this project.
- Unit EB-12 was immediately reorganized to accommodate a maximum of 18 coed deaf patients. These modifications included a separate area (unit) with a nursing station with attached staff restrooms, one small dayhall, one medium-sized dayhall, access to two courtyards, and seclusion rooms.
- Specialized equipment and supplies were ordered for the unit which included state of the art computers, TTY pay phone for patient use, telescopes, in-line amplifiers, instructional videos on utilizing TTY/TTD phone, closed captioned televisions, medical sign language books, videos, dictionaries on CD roms, and other resource material.
- The planned scheduled treatment groups were developed and implemented by the treatment team and the patients were placed in specific core and individualized treatment groups.
- The contract for interpreter services were modified in order to increase the hours of contractual interpreter services provided by Life Signs and Rolling Start.
- The Program Management worked closely with Human Resources to coordinate recruitment and interview for interpreters, Program teachers, consultants, and volunteers.

#### **5. RESULTS** (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

There has been a noticeable improvement in the provision of services provided to the deaf and hard of hearing patients since the implementation of the Deaf Program at Patton State Hospital. The improvements have included an increase in patients and staffs' proficiency in American Sign Language. Patients are taught sign language and have become more proficient as they reinforce their skills by communicating with staff, their attorneys, and families, etc. The unit staff are better able to facilitate communication with patients and their families via American Sign Language. There has been ongoing Basic and Intermediate ASL classes provided at Patton State Hospital. The patients are very supportive of

each other and seem to benefit from being in a deaf cultured environment where they learn about aspects of deaf culture while at the same time address their underlying clinical and forensic issues that necessitated their placement in the hospital. The results of the Program have been extremely positive, as some patients have returned to court as competent to stand trial. The patients actively attend groups, have a good rapport with staff, and appreciate the services provided by the certified interpreters. The patients are afforded an opportunity to interact with hearing patients via interpreters, and they are afforded equal access to all the services provided to the hearing patients. The patients also have access to specialized equipment to help facilitate communication and to address their individual treatment needs.

The patients' overall attitude has been positive and they have expressed appreciation in the services received, which has also been evident in the customer satisfaction surveys completed by the patients.

**6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The Interdisciplinary Team on the Deaf Unit has taken initiative to develop an awareness and sensitivity to the deaf community. The team has learned more about the deaf culture and has enhanced their American Sign Language skills in order to facilitate communication with the patients. The raising of consciousness about the deaf culture and the special needs of this population occurred at every level in the organization at Patton State Hospital. It was vital to establish links to communication and understanding between all staff who have roles to play in monitoring mental health services for deaf and hard of hearing patients. This has been achieved by dissemination of information by providing ongoing hospitalwide Deaf Awareness training, thorough ongoing unit orientation of new employees floats assigned to the Deaf Unit and ongoing American Sign Language training.

The Interdisciplinary Team has also gained more insight as to how to effectively work with interpreters. Several of the deaf patients have low intellectual functioning which makes it difficult to address forensic mental health issues that necessitated the patients' placement in the hospital. This has proven to be a challenge for staff. A lot of focus has been on identifying resources and recruiting staff such as a psychologist who is proficient in psychological testing of the Deaf. Efforts have also been made to recruit additional staff, which includes full-time interpreters, and full-time teachers for deaf patients at the adult school who have ASL proficiency.

The treatment team has been cohesive and has worked diligently to improve the quality of care provided to the deaf patients. The workload on this particular team has been enormous; however, they have shown a commitment and dedication to ensuring the Program and the Hospital meets the specialized needs of the patients. The members of the treatment team are interested in further enhancing their understanding of this unique population by participating in ongoing training, obtaining bilingual certification, working with major universities to initiate research projects, recruit and develop interns, and additional staff for the Program.